



Human Resources Department

*"providing an environment that promotes high performance,
customer service, accountability, integrity, involvement, and diversity"*

16801 Westgrove Drive, P.O. Box 9010, Addison, TX 75001

(972) 450-2817

(972) 450-2815 jobline

(972) 450-2835 fax

Monday – Friday

8:00 a.m. to 5:00 p.m.

web address: www.ci.addison.tx.us

email: jobs@ci.addison.tx.us

Application for Employment

Thank you for your interest in working with us!

Working for Addison offers a small town feeling in a modern urban setting. The Town offers excellent opportunities for employment and career growth in our diverse departments, with a generous benefits package, competitive salaries and a great work environment.

The Town of Addison is an Equal Opportunity Employer. Applicants must meet the minimum job requirements for the specific position for which the application is made. Applicants will be chosen for employment based on their qualifications and fitness for the position without regard to race, age, color, gender, religion, national origin, veteran status, disability, or any other legally protected status in employment or the provision of services.

We maintain a high standard of quality for selection of employees. If you have a commitment to provide quality customer service, we welcome your application. You may submit your application in person, by fax or by mail.

Please review these important features of our hiring process:

- All openings are posted in our office and on the Town website and jobline. Postings are updated as needed.
- Applications are accepted for current openings only. Essential job functions and minimum qualifications are posted for each opening. Only applicants meeting the minimum qualifications will be considered.
- All positions require a clear background, clear pre-employment physical and drug screen, valid Texas driver's license and safe driving record. We also conduct team interviews to learn about you and your abilities. All employment offers are conditional based on these results.
- You will receive a postcard when your application has been reviewed. Due to the number of applicants, we cannot call each applicant. Only those selected for an interview will be called.

If you have any questions about our job openings or hiring process, please contact the Human Resources Department.



Application for Employment

Position you are applying for: _____

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PERSONAL INFORMATION

Name: _____ Date: _____
First Middle Last

Address: _____ How long? _____
Street City State Zip Code

Previous Address: _____ How long? _____
Street City State Zip Code

Phone: _____ Alternate Phone: _____

Email address: _____ Are you 18 years of age or older? ☐ Yes ☐ No

Social Security Number: _____ Name on Social Security Card: _____

If hired, can you present evidence that you can lawfully work in the United States? ☐ Yes ☐ No

Date available to start: _____ Minimum acceptable salary: _____

How did you hear about this vacancy?

☐ Walk-in ☐ Referred by: _____
☐ Addison Website ☐ Other website: _____
☐ Dallas Morning News ☐ Other Newspaper: _____

Have you ever been employed with the Town of Addison? ☐ Yes ☐ No

If yes, list name at time of employment, position and dates: _____

Do you or your spouse have a relative currently employed by the Town of Addison? ☐ Yes ☐ No

If yes, list name, department, and relationship. _____

BACKGROUND/DRIVING RECORD

For purposes of employment with the Town of Addison, "convictions" include sentenced to confinement, paid fine, time served or placed on probation. Please also provide information concerning plea of guilty resulting in Deferred Adjudication.

Have you ever been convicted, or pled guilty to, a felony or misdemeanor offense? ☐ Yes ☐ No

If yes, please give details. _____

Do you have a valid drivers license? ☐ Yes ☐ No State: _____ Number: _____ Class: ☐ C ☐ A-CDL ☐ B-CDL

Is license currently suspended or in danger of suspension? ☐ Yes ☐ No Has your license ever been suspended? ☐ Yes ☐ No

If yes, dates. _____

How many citations for moving traffic violations have you received in the past three years? _____

Have you ever been convicted of driving under the influence of drugs or alcohol? ☐ Yes ☐ No

If yes, dates and place: _____

EDUCATION/SKILLS

High School Diploma or General Equivalency Diploma (GED)? ☐ Yes ☐ No

High School Name and City, State: _____

List college education.

School Name	City, State	From		To		Major/Minor	# of Credit Hours	Degree
		Month	Year	Month	Year			

List other education including business, trade, correspondence and military service schools

School Name	City, State	From		To		Course Title	Certifications/License
		Month	Year	Month	Year		

Certifications/Licenses/Professional Registrations: _____

Computer Programs or Skills: _____

Additional information you feel may further qualify you for the position:
(Include experience with equipment or tools, supervisory/management experience, etc.) _____

Languages

English	<input type="checkbox"/> Speak	<input type="checkbox"/> Write
_____	<input type="checkbox"/> Speak	<input type="checkbox"/> Write
_____	<input type="checkbox"/> Speak	<input type="checkbox"/> Write

MILITARY SERVICE

Have you ever served in the military? ☐ Yes ☐ No

If yes, list branch, dates and type of discharge. A copy of DD214 will be required. _____

WORK EXPERIENCE

Have you been fired from a job? ☐ Yes ☐ No If Yes, please explain. _____

NOTE: If you are currently unemployed, write NOT EMPLOYED for current employer.

Current Employer	Job Title:
Address	May we contact at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No
City, State, Zip Code	(Contact will be necessary prior to a conditional job offer.)
Type of Business	Describe your duties and accomplishments:
Supervisor Name & Title	
Supervisor's Phone Number	
Employment Dates From:	
Starting Salary: Current Salary:	
Reason For Leaving:	

Employer	Job Title:
Address	Describe your duties and accomplishments:
City, State, Zip Code	
Type of Business	
Supervisor Name & Title	
Supervisor's Phone Number	
Employment Dates From: To:	
Starting Salary: Ending Salary:	
Reason For Leaving:	

Employer	Job Title:
Address	Describe your duties and accomplishments:
City, State, Zip Code	
Type of Business	
Supervisor Name & Title	
Supervisor's Phone Number	
Employment Dates From: To:	
Starting Salary: Ending Salary:	
Reason For Leaving:	

**Town of Addison
Human Resources Department
Post Office Box 9010 Addison, Texas 75001-9010
(972) 450-2817**

CONSUMER REPORT AUTHORIZATION/RELEASE FORM

I hereby authorize the Town of Addison and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment purposes.

I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas:

Verification of social security number; current and previous residences; employment history including all personnel files; education including transcripts; character references; credit history and reports; criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; birth records; motor vehicle records to include traffic citations and registration; and any other public records or to conduct interviews with third parties relative to my character, general reputation, personal characteristics or mode of living.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me to the Town of Addison or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release the Town of Addison, the Social Security Administration, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release. You may contact me as indicated below.

I understand this authorization automatically expires 90 days from the date executed below and that I have the right to revoke the authorization at any time, provided I do so in writing.

Print Name:

First	Middle	Last	Maiden
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Former Name(s) and Dates Used:

Current Address Since:

Mo/Yr	Street	City	State/Zip
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Previous Address From:

Mo/Yr	Street	City	State/Zip
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Previous Address From:

Mo/Yr	Street	City	State/Zip
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Social Security Number: _____ Date of Birth: _____ *(for ID purposes only)*

Drivers License Number/State: _____ Telephone Number: _____

Signature: _____ Date: _____

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APPLICANT INFORMATION

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The commitment of the Town of Addison to a policy of equal employment opportunity requires that certain information be gathered and documented for statistical purposes. The following information is requested for the Human Resources Department use only in order to assist in complying with EEO reporting guidelines. Because this information is voluntary and it will not be considered for employment purposes, this page will remain separate from your Employment Application. In addition, upon employment, this information will not be kept in your personnel file and will not be used for any subsequent personnel decision.

Name: _____

Address: _____

Telephone Number: _____ Sex: ☐ Male ☐ Female

Social Security Number: _____ Date of Birth: _____

Race/Ethnic Group:

☐ White

☐ Hispanic

☐ Black

☐ American Indian

☐ Asian

☐ Multi-racial

☐ Other: Please specify: _____

Position Sought: _____ Date: _____